RCRIS DATA CORRECTION CLOSE-OUT LOG

FORM ID:MO0177

Data Verification Form LQG, Missouri LQG

HID_NUM: MOD006271852

MOID: 003306

_____ No change in RCRIS data.

Revise Generation size category per the following documentation

_____ Data Verification Form (copy follows)

X 1991 Biennial Report Form IC, Section VI

RCRIS FIELD NAME

REVISED DATA

HGEN

Revise name/address contact information.

RCRIS FIELD NAME

REVISED DATA

HHANDLER

HMAILSTRT1: 11440 Lackland Road

HMAILSTRT2:

HMAIL CITY : St. Louis

HMAIL_STATE: MO HMAIL_ZIP : 63146

 $HLOCS\overline{T}RT1$

HLOCSTRT1

HLOC_CITY HLOC_ZIP

HCONT_FIRST

HCONT_LAST :

HCON_TITL

HCONT_PHONE:

Comments:

P00325136

R00325136 RCRA RECORDS CENTER

RCRA FILE COPY

Mod 006271852

DOCUMENT # _ 6A

| GENERATOR DATA VERIFICATION FORM | | FORM | ID: M00177 |
|--|--|---|---|
| Please review the address informa INFORMATION box. Then, CHECK THE certification statement in the lo lost, mail the form to: | APPROPRIATE BOXES in the wer portion and return th DPRA Incorporated Department 3733-240 PO Box 727 Manhattan, KS 66502 | MATION box and provide any corr GENERATION OF WASTE section; f | ections in the <u>REVISED</u> // inally, please sign the |
| For assistance, please contact: | | | |
| CURRENT INFORMATION | | REVISED INFORMATION | |
| EPA ID: MOD006271852 NAME: GUSDORF CORP INC | | | |
| MAILING ADDRESS 6900 MANCHESTER RD | | 11440 Lackland Road | |
| ST LOUIS | MO, 63143 | St. Louis, MO 63146 |) |
| PHYSICAL LOCATION ADDRESS 11440 LACKLAND RD | | | |
| ST LOUIS | MO, 63143 | St. Louis, MO 63146 | · · |
| | of hazardous waste as de statement and place in meggin this facility genera e of non-acutely hazardouut less than 1,000 Kg (2, | ted (check as many boxes as app s waste or, 1 Kg (2.2 lb) or mo 200 lb) of non-acutely hazardou | licable): re of acutely hazardous wa |
| | or non-acutery nazardous | waste. | |
| CERTIFICATION STATEMENT The owner or operator of the factor that the printed or typed name of the | person signing the certi: | fication must also be included w | where indicated. |
| CERTIFICATION: I certify that I information to be true and accura | | ormation submitted on this form | and that I believe the |
| Deborah Dayton Print/type name | Signature Cart | 2-24-92 Date | anner Control of the |